

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

3289786

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

MEDICAL EXAMINER'S CERTIFICATE				DATE RECORD FILED MARCH 25, 2021		STATE FILE NUMBER 21-020145	
1. FULL NAME OF DECEDENT (first)		(middle)		(last)		(suffix)	
CYNTHIA				GARY			
2. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> NOT DETERMINED <input type="checkbox"/>		3. DATE OF DEATH MARCH 15, 2021		4. DATE OF BIRTH [REDACTED]		5. AGE Years 52	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) NEW YORK		8. SOCIAL SECURITY NUMBER [REDACTED]		IF UNDER 1 YEAR Months Days	
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 13 LEWIS DRIVE		10. CITY OR TOWN OF RESIDENCE NEWPORT NEWS		INSIDE CITY OR TOWN LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF UNDER 1 DAY Hours Minutes	
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)		12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VIRGINIA		12a. ZIP CODE 23606			
13. RACE OF DECEDENT (CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (SPECIFY) <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER (SPECIFY) PUERTO RICAN							
14. DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input checked="" type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) UNKNOWN							
15. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input checked="" type="checkbox"/> YEARS OF COLLEGE 2 <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN							
16. CITIZEN OF WHAT COUNTRY UNITED STATES OF AMERICA		17. USUAL OR LAST OCCUPATION FIRE WATCHER		18. KIND OF BUSINESS OR INDUSTRY NORFOLK NAVAL SHIPYARD			
19. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) GREGORY L. GARY SR.					
21. FULL NAME OF DECEDENT'S FATHER OR PARENT 1 (first, middle, last, suffix (maiden name, if any)) PEDRO MERCARDO-MORALEZ		21a. GENDER MALE		22. FULL NAME OF DECEDENT'S MOTHER OR PARENT 1 (first, middle, last, suffix (maiden name, if any)) JULIA LLUVERAS-GOMEZ		22a. GENDER FEMALE	
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION SPOUSE		24. FULL NAME OF INFORMANT OR NAME OF SOURCE GREGORY L. GARY SR.					
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) SENTARA NORFOLK GENERAL HOSPITAL						25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OUTPAT. EMER. <input type="checkbox"/> INPATIENT	
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY)							
27. CITY OR TOWN OF DEATH NORFOLK		28. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 600 GRESHAM DRIVE		28a. ZIP CODE 23507		28b. COUNTY OF DEATH (if independent city, leave blank)	
29. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT / MAUSOLEUM <input checked="" type="checkbox"/> CREMATION / INCINERATION <input type="checkbox"/> CREMATION WITH BURIAL <input type="checkbox"/> CREMATION WITH ENTOMBMENT / MAUSOLEUM <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)							
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY ALTMAYER RIVERSIDE CREMATORY							
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY 7415 RIVER ROAD		31a. CITY / COUNTY NEWPORT NEWS		31b. STATE VIRGINIA		31c. ZIP CODE 23607	
32. SIGNATURE OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) /S/ TESHIA ANN BROWN		32a. LICENSEE'S NO. 0502901643		32b. NAME OF FUNERAL HOME OR FACILITY C. C. CARTER FUNERAL HOME			
33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN TESHIA ANN BROWN		33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) 3314 ROANOKE AVENUE NEWPORT NEWS VIRGINIA 23607					
34. TIME OF DEATH: To the best of my knowledge, death occurred at 08:44 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND							
35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) TRAUMATIC ASPHYXIA. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) DUE TO (OR AS A CONSEQUENCE OF) (C) DUE TO (OR AS A CONSEQUENCE OF) (D) DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						INTERVAL BETWEEN ONSET AND DEATH	
36. WAS THE MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		36a. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input type="checkbox"/> UNKNOWN	
38. IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input checked="" type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if decedent's age is 0-5 or 75 years)							
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING				40. MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>			
41. DATE OF INJURY MARCH 15, 2021		42. TIME OF INJURY UNKNOWN <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		43. INJURY AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.) MILITARY VESSEL AT SHIPYARD	
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 200 LIGON STREET		45a. CITY / COUNTY NORFOLK		45b. STATE VIRGINIA		45c. ZIP CODE 23510	
46. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)							
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED PINNED BY HYDRAULIC DOOR.							
48. SIGNATURE OF MEDICAL EXAMINER /S/ NICOLE MARIE MASIAN				48a. NAME OF MEDICAL EXAMINER NICOLE MARIE MASIAN		48b. DATE SIGNED MARCH 16, 2021	
49. OFFICE STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 830 SOUTHAMPTON AVENUE SUITE 100				49a. CITY NORFOLK		49b. STATE VIRGINIA	
				49c. ZIP CODE 23510			

This is to certify that MARCH 25, 2021 correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

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